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Presented to the House of Representatives pursuant to sections 149 and 149(L) of the Crown Entities Act 2004.

2020/21 **Statement of Performance Expectations**

Hawke's Bay District Health Board

Appendix 1:
Statement of performance expectations including financial performance

This section includes information about the measures and standards against which Hawke's Bay District Health Board's (HBDHB) service performance will be assessed. For the purpose of our Statement Performance Expectations (SPE), our services are grouped into four reportable Output Classes:

- Prevention Services
- Early Detection and Management Services
- Intensive Assessment and Treatment Services
- Rehabilitation and Support Services.

The outputs and measures presented are a reasonable representation of the full range of services provided by the organisation. Where possible, we have included past performance (baseline data) and the performance target to give the context of what we are trying to achieve and to enable better evaluation of our performance.

Service Performance

Explaining the contribution that our services make towards achieving the population and system level outcomes and impacts outlined in our SoI, requires consideration of service performance. For each output class, we will assess performance in terms of the New Zealand Triple Aim. Maintaining a balance of focus across the Triple Aim is at the core of the Health Quality and Safety Commission's drive for quality improvement across the health sector.

The system dimension: Best value for public health system resources

For each output class we show expected funding and expenditure to demonstrate how output class performance will contribute to the outcome of a financially sustainable system.

The population dimension: Improved health and equity for all populations

Services may target the whole population or specified sub-populations. In either case we select measures that apply to the relevant group. These measures usually refer to rates of coverage or proportions of targeted populations who are served and are indicative or responsive to need.

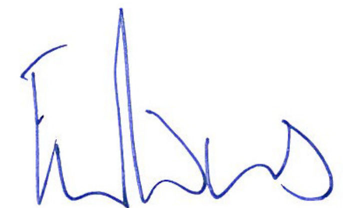
The individual dimension: Improved quality, safety and experience of care

Ensuring quality and safety, within hospitals and wider health services, is a fundamental responsibility of DHBs'. Measurements in this dimension indicate how well the system responds to expected standards and contributes to patient and consumer satisfaction.

Note: all targets are an annual target or, where monitored quarterly, show the expected performance by the end of quarter four. Targets are set at the total population level and monitored, where appropriate, across different population groups to gauge the equity of results. A detailed technical description of each indicator is available in a data dictionary maintained by our information services.

The HBDHB SPE for the 2020/21 year follows:

Shayne Walker, Board Chair
Hawke's Bay District Health Board



Evan Davies, Deputy Board Chair
Hawke's Bay District Health Board

Output classes

Output Class 1: Prevention

Prevention Services are publicly funded services that protect and promote good health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population, as distinct from treatment services which repair or support health and disability dysfunction.

Prevention Services address individual behaviours by targeting population-wide physical and social environments to influence health and wellbeing. Prevention Services include: health promotion and education services; statutory and regulatory services; population-based screening programmes; immunisation services; and, well child and school services.

On the continuum of care, Prevention Services are population-wide and are designed to focus attention on wellness of the general population and on keeping the "at risk" population healthy. It is important to emphasise that the concept of wellness extends to the entire population, including those who already have a health condition or disability.

Objective: People are better protected from harm and more informed to support healthier lifestyles and maintenance of wellness

Through collective action with communities and other sectors, we aim to protect the general population from harm and keep them informed about good health so they are supported to be healthy and empowered to take control of their wellbeing. We aim to reduce inequities in health outcomes as quickly as practicable and we recognise that they often arise out of issues that originate outside the health system.

Prevention programmes include the use of legislation, policy, education and community action to increase the adoption of healthy practices amongst the population and to overcome environmental barriers to good health.

Prevention Services						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	8.7	8.3	9.5	9.8	10.1	10.5
Other sources	0.2	0.2	0.1	0.1	0.1	0.1
Income by Source	**8.9**	**8.5**	**9.6**	**9.9**	**10.2**	**10.6**
Less:						
Personnel	1.6	2.1	2.2	2.3	2.5	2.6
Clinical supplies	0.1	0.1	0.1	0.1	0.1	0.1
Infrastructure and non-clinical supplies	0.4	0.4	0.4	0.4	0.4	0.4
Payments to other providers	5.9	7.1	6.9	7.1	7.2	7.5
Expenditure by type	**8.0**	**9.7**	**9.6**	**9.9**	**10.2**	**10.6**
Net Result	**0.9**	**(1.2)**	**0.0**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 3: Funding and Expenditure for Output Class 1 – Prevention Services

SPE Measures for Output Class 1

Short Term Outcome	Indicator	MoH Measure	Baseline					2020/21 Target
			Period	Māori	Pasifika	Other	Total	
Better help for smokers to quit	% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.	CW09	Jan 19 - Dec 19	83.30%	No Data	No Data	82.20%	≥90%
	% of Primary Health Organisation (PHO) enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	PH04	15m to Dec 19	68%	65%	74%	69%	≥90%
	% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking	SS06	Jan 19 - Dec 19	97%	98%	97%	97%	≥95%
Improve breast screening rates	% of women aged 50-69 years receiving breast screening in the last 2 years	PV01	2y to Dec 19	73%	70%	67%	76%	≥70%
Improve cervical screening coverage	% of women aged 25-69 years who have had a cervical screening event in the past 36 months	PV02	3y to Dec 19	75%	76%	76%	75%	≥80%
Increase immunisation	% of eight-month-olds olds fully immunised.	CW05	Apr 19 - Mar 20	91%	95%	84%	92%	≥95%
	% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.	CW05	Apr 19 - Mar 20	89.40%	94.90%	82.50%	91.00%	≥95%
	% of girls and boys fully immunised - HPV vaccine	CW05	Jul 18 - Jun19	85.60%	75.00%	65.00%	73.80%	≥75%
	% of 65+ year olds immunised - flu vaccine	CW05	Mar 19 - Sep 19	53%	46%	61%	60%	≥75%
Increased immunisation at two years	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years	CW08	Jan 19 - Dec 19	93.2%	98.0%	93.9%	93.9%	≥95%
Reduced incidence of first episode of rheumatic fever	Acute rheumatic fever initial hospitalisation rate per 100,000		Jul 18 - Jun 19	No Data	No Data	No Data	2.3	≤1.5 per 100,000

Table 4: SPE measures for Output Class 1 – Prevention Services

Output Class 2: Early Detection and Management Services

Early Detection and Management Services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings to individuals and small groups of individuals. The Output

Class includes primary health care, primary and community care programmes, child and adolescent oral health and dental services, pharmacist services, and community referred tests and diagnostic services. The services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the district. On the continuum of care these services are mostly concerned with the "at risk" population and those with health and disability conditions at all stages.

Objective: People's health issues and risks are detected early and treated to maximise wellbeing

For people who are at risk of illness and or injury, we will undertake activities that raise awareness and recognition of risky behaviours and practices and improve the opportunity of early detection of health conditions. If people are assisted to identify risk early, and those at risk are screened to detect health conditions early, then behavioural changes and treatment interventions are often easier with less complications and greater chances of returning to a state of good health or of slowing the progression of the disease, injury or illness.

Targeting environmental barriers to good health and connecting people with health services earlier is the intention because early detection of health issues or risks leads to better opportunities to influence long-term outcomes.

Early Detection and Management						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	129.9	134.2	144.3	148.4	154.0	160.5
Other District Health Boards (IDF)	2.1	2.1	2.2	3.4	3.5	3.6
Other sources	3.4	2.7	2.0	1.5	1.6	1.7
Income by Source	**135.4**	**139.0**	**148.5**	**153.3**	**159.1**	**165.8**
Less:						
Personnel	26.9	34.3	35.9	37.4	40.3	42.2
Outsourced services	5.3	6.3	4.3	4.4	4.7	4.9
Clinical supplies	3.0	3.7	4.2	4.3	4.5	5.0
Infrastructure and non-clinical supplies	8.1	3.7	3.6	3.7	3.9	4.1
Payments to other District Health Boards	2.6	2.9	3.1	3.3	3.4	3.5
Payments to other providers	87.6	106.4	97.4	100.2	102.3	106.1
Expenditure by type	**133.5**	**157.3**	**148.5**	**153.3**	**159.1**	**165.8**
Net Result	**1.9**	**(18.3)**	**0.0**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 5: Funding and Expenditure for Output Class 2 – Early Detection and Management Service

SPE Measures for Output Class 2

Short Term Outcome	Indicator	MoH Measure	Baseline					2020/21 Target
			Period	Māori	Pasifika	Other	Total	
Better oral health	% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1)	CW03	Jan 19 - Dec 19	75.9%	83.1%	106.8%	91.2%	≥95%
	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	CW03	Jan 19 - Dec 19	15.20%	21.50%	12.00%	13.70%	≤10%
	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1)	CW04	Jan 18 - Dec 18	No Data	No Data	No Data	62.4%	≥85%
Improved access primary care	% of Māori population enrolled in the PHO	PH03	Jan 20	99%	n/a	n/a	n/a	≥95% Māori
Improved management of long- term conditions (CVD, acute heart health, diabetes, and stroke)	% of the eligible population will have had a Cardiovascular disease (CVD) risk assessment in the last five years		5y to Dec 19	78.00%	76.10%	84.30%	82.20%	≥90%
	% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	SS13	Jan 19 - Dec 19	30.4%	26.6%	42.6%	37.3%	≥60% No Inequity
Improving new-born enrolment in General Practice	% of new-borns enrolled in general practice by 6 weeks of age	CW07	Jan 19 - Dec 19	56%	81%	79%	70%	≥55%
	% of new-borns enrolled in general practice by 3 months of age	CW07	Jan 19 - Dec 19	75.70%	87.50%	102.10%	91.70%	≥85%
Increase referrals of obese children to clinical assessment and family based nutrition, activity and lifestyle interventions	% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions.	CW10	Jan 19 - Dec 19	99.4%	100.0%	99.2%	99.4%	≥95%
Less waiting for diagnostic services	% of patients with accepted referrals for Computed Tomography (CT) scans who receive their scan, and scan results are reported, within 6 weeks (42 days)	SS07	Jan 19 - Dec 19	No Data	No Data	No Data	85.6%	≥95%
	% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days).	SS07	Jan 19 - Dec 19	No Data	No Data	No Data	85.0%	≥90%

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Short Term Outcome	Indicator	MoH Measure	Baseline					2020/21 Target
			Period	Māori	Pasifika	Other	Total	
More pregnant women under the care of a Lead Maternity Carer (LMC)	% of women booked with a Lead Maternity Carer (LMC) by week 12 of their pregnancy		Oct 19 - Dec 19	53%	n/a	n/a	n/a	80% Māori
Reduce ASH 45-64	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years	SS05	Jan 19 - Dec 19	8044	8372	3510	4564	≤3510
Reduce the difference between Māori and other rate for ASH Zero-Four - SLM	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years	PH01	Jan 19 - Dec 19	8637	n/a	n/a	n/a	≤8205 Māori

Table 6: SPE measures for Output Class 2 – Early Detection and Management Services

Output Class 3: Intensive Assessment and Treatment Services

Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers to individuals. This output class includes: mental health services, elective and acute services (including outpatients, inpatients, surgical and medical services, maternity services and, AT&R services). These services are usually integrated into facilities that enable co-location of clinical expertise and specialised equipment, such as a 'hospital', and they are generally complex in nature and provided by specialists and other health care professionals who work closely together. There are also important links with community-based services before people come into hospital services and after they are discharged – these links must be well coordinated and work as seamlessly as possible.

Hawke's Bay DHB provides most of this output class through the provider arm, Provider Services. However, some more specialised hospital services are funded by HBDHB to be provided by other DHBs, private hospitals, or other providers. Where this happens, other providers are monitored in terms of the operational policy framework or specific contracts, and in accordance with industry standards. On the continuum of care these services are at the complex end of "conditions" and are focussed on individuals with health conditions and prioritised to those identified as most in need.

Objective: Complications of health conditions are minimised and illness progression is slowed down

People who are suffering from injury or illness will be diagnosed accurately and offered the most effective treatment available as early as possible.

We will coordinate activities that support people to reduce the complications of disease, injury and illness progression so that they have better health, in terms of survival, and are also able to participate effectively in society and be more independent. It is important that identified disparities are also reduced as quickly as practicable.

Intensive Assessment and Treatment						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	294.4	380.6	390.1	422.0	450.4	473.8
Other District Health Boards (IDF)	4.2	4.3	4.4	6.7	7.0	7.3
Other sources	12.9	12.4	12.2	9.3	10.0	10.3
Income by Source	**311.5**	**397.3**	**406.7**	**438.0**	**467.4**	**491.4**
Less:						
Personnel	160.3	204.5	213.8	222.8	240.1	251.1
Outsourced services	12.9	15.5	10.4	10.8	11.6	12.1
Clinical supplies	44.1	54.2	61.4	63.4	66.1	72.7
Infrastructure and non-clinical supplies	35.6	50.2	49.6	51.0	54.0	56.2
Payments to other District Health Boards	47.6	52.6	56.4	59.6	62.1	64.6
Payments to other providers	11.9	21.7	29.6	30.4	31.0	32.2
Expenditure by type	**312.4**	**398.7**	**421.2**	**438.0**	**464.9**	**488.9**
Net Result	**(0.9)**	**(1.4)**	**(14.5)**	**0.0**	**2.5**	**2.5**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 7: Funding and Expenditure for Output Class 3 – Intensive Assessment and Treatment Service

SPE Measures for Output Class 3

Short Term Outcome	Indicator	MoH Measure	Baseline					2020/21 Target
			Period	Māori	Pasifika	Other	Total	
Better access to MH&A services	Proportion of the population seen by Mental Health and Addiction (MH&A) services Adult (20-64)	MH01	Oct 18 - Sep 19	11.00%	3.40%	3.90%	5.60%	≥5.4%
	Proportion of the population seen by MH&A services Older adult (65+)	MH01	Oct 18 - Sep 19	1.4%	1.4%	1.0%	1.0%	≥1.15%
	Proportion of the population seen by MH&A services Child & youth (zero -19)	MH01	Oct 18 - Sep 19	4.10%	1.90%	3.50%	3.70%	≥4.3%
Equitable access to care for stroke patients	% of patients with ischaemic stroke thrombolysed and/ or treated with clot retrieval (Service provision 24/7)	SS13	Jan 19 - Dec 19	7%	N/A	N/A	10%	12%
	% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital	SS13	Jan 19 - Dec 19	78.6%	88.9%	74.4%	75.5%	80%
	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission	SS13	Jan 19 - Dec 19	88.9%	No Data	No Data	69.6%	≥80%
	% of stroke patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.	SS13	Jul 19 - Sep 19	No Data	No Data	No Data	69%	≥60%
Faster cancer treatment (FCT)	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	SS01	6m to Dec 19	92.31%	100.00%	84.85%	86.32%	≥85%
	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.	SS11	6m to Dec 19	91.67%	100.00%	85.96%	87.32%	≥90%
Fewer missed outpatient appointments	Did not attend (DNA) rate across first specialist assessments		Jan 19 - Dec 19	11.1%	12.9%	3.7%	5.8%	≥6%

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			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 Target
Improving mental health services using discharge planning	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan		Oct 18 - Sep 19	N/A	N/A	N/A	77.90%	≥95%
	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan		Oct 18 - Sep 19	No Data	No Data	No Data	72.50%	≥95%
	% of clients discharged will have a quality transition or wellness plan	MH02	Oct 18 - Sep 19	No Data	No Data	No Data	99.4%	≥95%
Increasing consumer focus More equitable use of Mental Health Act: Section 29 community treatment orders	% reduction in the rate of Māori under s29 orders per 100,000 population	MH05	Jan 19 - Jun 19	439	n/a	n/a	n/a	≤395 Māori
Less waiting for ED treatment	% of patients admitted, discharged or transferred from an emergency department (ED) within six hours.	SS10	Jan 19 - Dec 19	84.5%	86.9%	79.2%	81.4%	≥95%
More appropriate elective surgery	Number of planned care procedure discharges for people living within the HBDHB region.	SS07	Jul 18 - Jun 19	N/A	N/A	N/A	6907	TBC
Patients with ACS receive seamless, coordinated care across the clinical pathway	% of Acute Coronary Syndrome (ACS) patients undergoing coronary angiogram - door to cath within 3 days	SS13	Jan 19 - Dec 19	66.1%	50.0%	60.8%	59.2%	≥70%
	% of ACS patients who undergo coronary angiogram have pre-discharge assessments of LVEF	SS13	Jan 19 - Dec 19	74.6%	83.3%	70.4%	71.8%	≥85%
	% of ACS patients who undergo coronary angiogram are prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACE/ARB (four classes) and those with LVEF <40% should also be on a beta blocker (five classes)	SS13	Jan 19 - Dec 19	69.0%	100.0%	59.3%	61.0%	≥85%
Planned Care	% of services that report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less) (ESPI 1)	SS07	Jan 19 - Dec 19	N/A	N/A	N/A	73.70%	100%
	% of patients waiting over four months for FSA (ESPI 2)	SS07	Dec 19	28%	27%	27%	28%	0%
	% of patients waiting over 120 days for treatment (ESPI 5)	SS07	Dec 19	19.6%	23.4%	20.2%	21.8%	0%
	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	SS07	43983	38.7%	37.4%	30.1%	29.9%	0%

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Short Term Outcome	Indicator	MoH Measure	Baseline					2020/21 Target
			Period	Māori	Pasifika	Other	Total	
	Acute readmissions to hospital	SS07	Oct 18 - Sep 19	12.10%	11.40%	11.80%	11.90%	≤11.8%
Quicker access to diagnostics	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	SS07	Jan 19 - Dec 19	No Data	No Data	No Data	94.8%	≥95%
	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive),	SS15	Jan 19 - Dec 19	85.1%	93.1%	93.4%	92.0%	≥90%
	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	SS15	Jan 19 - Dec 19	45.6%	55.7%	50.8%	50.1%	≥70%
	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	SS15	Jan 19 - Dec 19	51.4%	58.8%	50.7%	50.8%	≥70%
	% of people who returned a positive faecal immunochemical test (FIT) have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system.	SS15	Jan 20	98%	100%	No Data	97%	≥95%
Reducing waiting times Shorter waits for non-urgent mental health and addiction services for zero-19 year olds	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm	MH03	Jan 19 - Dec 19	77.7%	68.2%	73.5%	75.2%	≥80%
	% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation (NGO))	MH03	Jan 19 - Dec 19	78.9%	100.0%	85.2%	83.0%	≥80%
	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm	MH03	Jan 19 - Dec 19	92.1%	100.0%	93.8%	93.3%	≥95%
	% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	MH03	Jan 19 - Dec 19	94.7%	100.0%	100.0%	97.9%	≥95%

Table 8: SPE measures for Output Class 3 – Intensive Assessment and Treatment Services

Output Class 4: Rehabilitation and Support Services

This output class includes: needs assessment and service co-ordination, palliative care, rehabilitation, home-based support, aged residential care, respite care and day care for adults. Many of these services are delivered following a 'needs assessment' process and involve coordination of input from a range of providers. Rehabilitation and support services assist people with enduring conditions and disabilities to live independently or to receive the support that they need either temporarily or over the rest of their lives. Hawke's Bay DHB provides NASC services via our provider arm. Other services are provided by our provider arm, general practice and a number of community- based NGOs and private organisations. On the continuum of care these services provide support for individuals who have complex, complicated or end-stage conditions.

Objective: People maintain maximum functional independence and have choices throughout life.

Where returning to full health is not possible we will work with our stakeholders to support and care for people so that they are able to maintain maximum function with the least restriction and the most independence. For people in our population who have end-stage conditions, it is important that they and their family or whānau are supported to cope with the situation, so that the person is able to live comfortably and to die without undue pain or suffering.

Rehabilitation and Support						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	76.5	72.4	88.6	90.2	92.7	96.3
Other District Health Boards (IDF)	2.3	2.3	2.4	3.7	3.9	4.1
Other sources	0.2	0.2	0.1	0.1	0.1	0.1
Income by Source	**79.0**	**74.9**	**91.1**	**94.0**	**96.7**	**100.5**
Less:						
Personnel	7.1	9.0	9.5	9.9	10.7	11.2
Clinical supplies	0.8	1.0	1.1	1.1	1.1	1.2
Infrastructure and non-clinical supplies	1.9	2.0	1.9	2.0	2.1	2.2
Payments to other District Health Boards	3.9	4.4	4.8	5.1	5.3	5.5
Payments to other providers	63.6	67.7	73.8	75.9	77.5	80.4
Expenditure by type	**77.3**	**84.1**	**91.1**	**94.0**	**96.7**	**100.5**
Net Result	**1.7**	**(9.2)**	**0.0**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 9: Funding and Expenditure for Output Class 4 – Rehabilitation and Support Service

SPE Measures for Output Class 4

Short Term Outcome	Indicator	MoH Measure	Baseline					2020/21 Target
			Period	Māori	Pasifika	Other	Total	
Better community support for older people	Acute readmission rate: 75 years +		Oct 18 - Sep 19	11.6%	9.7%	12.4%	12.3%	≤12%
	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)			No Data	No Data	No Data	2002 acute bed days per 1,000 population	≤ 2,002 acute bed days per 1,000 population
	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).		19/20	No Data	No Data	No Data	1795	≥1795
	The average number of subsidised permanent Health of Older People (HOP) and Long Term Support – Chronic Health Conditions (LTS-CHC) residential beds per night per 1,000 of the 65+ population.		18/19	No Data	No Data	No Data	33 per 1,000	≤ 35 per 1,000
More older patients receive falls risk assessment and care plan	% of older patients given a falls risk assessment		Jan 19 - Dec 19	No Data	No Data	No Data	91%	≥90%
	% of older patients assessed as at risk of falling receive an individualised care plan		Jan 19 - Dec 19	No Data	No Data	No Data	94%	≥90%

Table 10: SPE measures for Output Class 3 – Rehabilitation and Support Service